

CRANSTON SCHOOL COMMITTEE

PUBLIC WORK SESSION

WEDNESDAY, AUGUST 11, 2010

WILLIAM A. BRIGGS BUILDING (REED CONFERENCE ROOM)

845 PARK AVENUE

EXECUTIVE SESSION: 6:00 P.M.

**PUBLIC WORK SESSION: IMMEDIATELY FOLLOWING EXECUTIVE
SESSION**

**PUBLIC MEETING: IMMEDIATELY FOLLOWING PUBLIC WORK
SESSION**

AGENDA

**Call to order – 6:00 p.m. – convene to Executive Session Pursuant to
RI State Laws PL 42-46-5(a)(1) Personnel; PL 42-46-5(a)(2) Collective
Bargaining and Litigation (Contract Negotiations' Update – Food
Service, Teachers, Teacher Assistants/Bus Aides, Technical
Assistants, Secretaries, Custodians)**

- 1. Executive Session**
- 2. Call to Order – Public Work Session**
- 3. Roll Call – Quorum**
- 4. Public Work Session:**
 - a. Amendment to 504 Policy**
 - b. Develop Formal Improvement Plan for Teachers in Jeopardy**
- 5. Adjourn Public Work Session to Public Meeting**

6. Executive Session Minutes Sealed – August 11, 2010

7. Adjournment

School Committee Members who are unable to attend this meeting are asked to notify the Chairman in advance.

Any changes in the agenda pursuant to RIGL 42-46-6(e) will be posted on the school district's website at www.cpsed.net, Cranston Public Schools' administration building, 845 Park Avenue, Cranston, RI, and Cranston City Hall, 869 Park Avenue, Cranston, RI and will be electronically filed with the Secretary of State at least forty-eight hours (48) in advance of the meeting.

Individuals requesting interpreter services for the hearing impaired must notify the Superintendent's Office at 270-8170 72 hours in advance of hearing date.

Notice Posted: August 5, 2010 / Cranston Herald

SECTION 504 Documentation

Name: Grade: DOB:

Parent(s): Telephone:

Address:

School:

Date of Referral Notice: Meeting Date:

1. Statement of the Presenting Problem:

2. Eligibility Team Members (sign name, role/position and check knowledgeable about):

| Name & Role/Position | Person | Evaluations |
|---------------------------------|---------------|--------------------|
| Accommodations | | |

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3. Variety of sources of evaluation information (indicate each one

used):

• Adaptive and/or achievement tests:

• Adaptive behavior:

• Teacher recommendations:

• Others, such as Teacher Support Team data (specify):

SECTION 504 Documentation

| | | | |
|-----------------|-------------|--------|-------|
| 4. Supplemental | Educational | Notice | & |
| Authorization | Evals | Evals | Evals |

Evaluations required requested rec'd Sched. Comp.

___/___ ___/___ ___/___ ___/___

___/___ ___/___ ___/___ ___/___

___/___ ___/___ ___/___ ___/___

5. Specify the mental or physical impairment:

(As recognized in DSM-IV or other respected source if not excluded under 504/ADA, e.g. illegal drug use)

6. Check the major life activity:

• seeing

• hearing

• walking

• learning

• breathing

• reading

 other

(if “other,” specify):

7. Place an “X” on the rating scale below to indicate the specific degree to which the impairment (in #5) limits the major life activity (in #6):

- Make sure the team focuses on the major life activity as a whole (e.g. learning), not in a particular class (e.g. math) or for a particular sub-area (e.g. socialization).**
- Discount from the analysis sub-par performance due to other factors, such as normal moods, lack of motivation, and the immediate situation or environment. Conversely, make an educated estimate without the mitigation of medication.**
- Use the average student in the general population as the frame of reference for purpose of comparison.**
- Fill in specific information evaluated by the team that justifies the rating.**

Rating Scale: Specific Information that Justifies Rating:

5 Extremely

4 _____ Substantially

3 _____ Moderately

2 _____ Mildly

1 _____ Negligibly

8. If the team' determination for #7 was less than "4-Substantially", provide notice to the parents of their procedural rights, including an impartial hearing. If the team's determination was a "4-Substantially or 5-Extremely", the team should determine and list on the accommodation plan the specific accommodations that are necessary for the person to have an opportunity commensurate with nondisabled people in this district.

SECTION 504 Documentation

DETERMINATION: _____yes, 504 eligible _____no, 504 not eligible

I hereby acknowledge having been notified of my procedural rights under Section 504/ADA and having

PARENT CONFERENCE / NOTICE AND COPY ____/____/____

 agreed to the determination

 not agreed to the determination

(Signature) (Date)

Note: If 504 Determination is rejected, please indicate if Grievance Procedures are requested:

 Yes
 No

_____ / /

—

Building Administrator Date

SECTION 504 Accommodation Plan

Name: Grade: DOB:

Parent(s): Telephone:

Address:

School:

Date of Referral Notice: Meeting Date:

1. Statement of the Presenting Problem:

2. Eligibility Team Members (sign name, role/position and check knowledgeable about):

| Name & Role/Position | Person | Evaluations |
|---------------------------------|---------------|--------------------|
| Accommodations | | |

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3. Variety of sources of evaluation information (indicate each one used):

-  Adaptive and/or achievement tests:**
-  Adaptive behavior:**
-  Teacher recommendations:**
-  Others, such as Teacher Support Team data (specify):**

ACCOMODATION PLAN

Name DOB

Meeting Date Evaluation Review Date

List above the dotted line accommodations and/or related services that are specifically necessitated by the student’s substantial impairment, i.e. disability, and that are required for the student to have an opportunity commensurate with his/her non-disabled peers in the school district.

Required Accommodations/Services Person(s) Responsible

SERVICE PLAN AUTHORIZATION:

PARENT CONFERENCE / NOTICE AND COPY ____/____/____

I hereby acknowledge having been notified of my procedural rights under Section 504/ADA and having

 agreed to

 not agreed to

the contents of this plan.

(Signature) (Date)

Note: If Student Service Plan is rejected, please indicate if Grievance

Procedures are requested:

 Yes

 No

_____ **Building**

Administrator

____/____/____

Date

Exit from Services Authorized by a 504 Service Plan

Name:

D.O.B.:

Date:

Dear _____:

On the basis of a team review of the above person’s 504 Plan

including evaluation, observation, recommendations, and present school performance levels, presented by the following team members:

it has been determined that _____ is no longer appears to be eligible for services or require accommodations under a 504 Plan.

Enclosed for your information is a copy of the 504 Educational Grievance Procedures. Please indicate your acceptance or rejection below regarding this decision and sign in the space provided.

Sincerely,

_____ I accept the exit of from services provided under a 504 Plan.

_____ I wish to further discuss this exit with the District 504 Coordinator.

Parent Signature

Date